

Printed: Feb-18-2020 13:22

DOB: May-14-1987

Visit#: 000059857 117
Milstein Psych EDService: Psychiatry
Dr.:Type: Emergency (1 days)
Admitted: Oct-10-2018 22:23**Clinical Summary:****Health Issues:**

Admitting Dx:

PSYCH EVALUATION/ HIP AND SHOULDER
PAIN

Chronic Dx:

Difficulty controlling anger

Irritability and anger

H/O: depression

Personal history of other mental
and behavioral disorders

History of posttraumatic stress disorder (PTSD)

Personal history of other mental
and behavioral disorders

RegAdmittingDx:

Encntr for general psychiatric exam, requested
by authorityPSYCH EVALUATION/ HIP AND SHOULDER
PAINPSYCH EVALUATION/ HIP AND SHOULDER
PAIN@Z046@

RegPrincipal Dx:

Post-traumatic stress disorder, unspecified

RegSecondary Dx:

Anxiety disorder, unspecified

Personal history of other mental and behavioral
disorders**Allergies:**

No Known Allergies

Providers:

ED Nurse:

Gantalaao, Evelyn

Nursing

Patient Comments:

Healthix Consent Obtained:

No

Visit Comments:

Financial Class:

A01

SLF

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Visit#: 000059857 117
Milstein Psych EDService: Psychiatry
Dr.:Type: Emergency (1 days)
Admitted: Oct-10-2018 22:23

Documents

Oct-10-18 22:50 ED Adult Pre-Assessment Note

Nursing

Preferred Language:Preferred Language:

Preferred Language English.

Triage Information:Triage Information

Nurse Dufort, Geraldine saw MORCIGLIO, RUBEN at 10/10/18 22:23. The patient has a chief complaint of PSYCH EVALUATION/ HIP AND SHOULDER PAIN and was triaged to a level 3. Patient was brought to treatment area.

Travel Assessment:Have you traveled outside the US in the last 21 days? NoQuick Triage:Arrival Info:Mode of Arrival

Walk In

Accompanied by

Self

Chief Complaint/Subjective:Chief Complaint/Subjective

psych eval

Vital Signs:1) ED Vital Signs/Assessment FS:

Date/Time	Temperature (C) degrees C	Temperature Source	Heart Rate	SpO2 (Pulse Ox) SpO2 (Pulse Ox) (%)	Respiratory Rate, Patient (bpm)
10-Oct-2018 22:48	36.9	Oral; Oral	93	100	18
	NIBP Systolic	NIBP Diastolic	NIBP Mean		
	120	69	85.9		

Mental Status:Mental Status: Alert
Alert to: Person Place TimePain Screen:Are you having pain? No, Numeric Pain Score - 0Allergies:

Allergen/Product	Last Modified
No Known Allergies	10-Oct-2018 22:50

I have updated or confirmed the items in the allergy manager YesAssessment/Interventions:Assessments/Interventions:Breath Sounds: ClearPast Medical & Social History:Past Medical History and Past Surgical History:Past Medical History Comments: schizophreniaMandatory Screenings:Primary Medical Doctor Questions:Does patient have a Primary Medical Doctor? Yes, has PMD, no changes required

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Falls Risk Assessment - Adult:

- Have you fallen 2 or more times in the last 12 No months?
- Are you afraid that you might fall because of No balance or walking problem?

Abuse/Neglect/Violence:

- Any evidence of abuse/neglect/violence?: No

Reportable Condition:

- Reportable Condition: No

Suicide Risk Screening:

Does the patient have an admission diagnosis or complaint related to a suicide attempt, emotional or behavioral disorder? (Note - risk factors may include any history of suicide attempt, currently seeing a therapist, provider, or psychiatrist for mental health, chronic pain, current or previous problem with alcohol and/or drug use) No risk factors identified.

Triage Comments:

- Triage Comments:** patient presents to ED requesting psych eval. Pt released from jail x 6 days ago and has not been on meds. Denies SI, HI, AH, VH. Denies ETOH/drug use. Patient endorsed to CPEP, RN John. Escorted with security and RN for safety.

Emergency Severity Index:

- ESI Level 3

Electronic Signatures:

Dindial, Melissa (Clinical Nurse I) (Signed 10-Oct-2018 22:52)

Authored: Preferred Language, Triage Information, Travel Assessment, Quick Triage, Assessment/Interventions, Past Medical & Social History, Mandatory Screenings, Suicide Risk Screening, Triage Comments, Emergency Severity Index

Last Updated: 10-Oct-2018 22:52 by Dindial, Melissa (Clinical Nurse I)

Medical Records Report

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

MORCIGLIO, RUBEN

MRN: 844 28 51

DOB: May-14-1987

Printed: Feb-18-2020 13:22

Visit#: 000059857 117
Milstein Psych EDService: Psychiatry
Dr.:Type: Emergency (1 days)
Admitted: Oct-10-2018 22:23

Documents

Oct-10-18 23:10 ED Psych Nursing Assessment

Nursing

Preferred Language:
Preferred Language English (1)**Vital Signs/Pain Screen:****ED Triage Vital Signs:****1) ED Vital Signs/Assessment FS:**

10-Oct-2018 22:48

Temperature (C) degrees C: 36.9

Heart Rate: 93

SpO2 (Pulse Ox) SpO2 (Pulse Ox) (%): 100

Respiratory Rate, Patient (bpm) Respiratory Rate, Patient (bpm): 18

NIBP Systolic: 120

NIBP Diastolic: 69

Vital Signs:

Dry Weight (kg): 111.13 kg

Past Medical History:

Past Medical History Comments: schizophrenia, arthritis in hips

Barriers to Learning: No Barriers

Past Surgeries: hip surgery 15 years ago

Screenings:**Suicide Risk Screening:**

Does the patient have an admission diagnosis or complaint related to a suicide attempt, emotional or behavioral disorder? (Note - risk factors may include any history of suicide attempt, currently seeing a therapist, provider, or psychiatrist for mental health, chronic pain, current or previous problem with alcohol and/or drug use) No risk factors identified (1)

Elder Abuse Assessment:

Are there signs/symptoms or suspicion that make you as the clinician concerned for the safety of the elder adult? No.

Child Abuse Assessment:

Are there signs/symptoms or suspicion that make you as the clinician concerned for the safety of the child? No.

Sexual Assault Assessment:

Are there signs/symptoms or suspicion that make you as the clinician concerned for sexual assault? No.

Intimate Partner Violence Assessment:

Are there signs/symptoms or suspicion that make you as the clinician concerned for intimate partner violence? No.

Alcohol/Tobacco:Alcohol/Drug Use: *Uses marijuana.
Tobacco Use/Smoking Status Current Every Day Smoker.**Nutritional Screen:**

Has the adult patient experienced unintentional weight change >= 10 pounds over the past 6 months? No.

Does the adult or pediatric patient have any non-healing wounds and/or pressure injuries? No.

Isolation Precautions:

Isolation: No

Falls Risk Assessment:

Fall Risk Factors: Behavioral characteristics requiring supervision

Falls Risk: No

FALL RISK-Complete All Items:

Fall(s) in past 7 days	0 - No
Impaired mobility and does not use Assistive Device.	0 No
Meds: Taking 1 or more sedatives	0 - No
Gender = Male	3 - Yes

Medical Records Report

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

MORCIGLIO, RUBEN

MRN: 844 28 51

DOB: May-14-1987

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Visit#: 00005985 117
Milstein Psych ELService: Psychiatry
Dr.:Type: Emergency (1 days)
Admitted: Oct-10-2018 22:23

Documents

- Impaired Cognition 0 - No
- Risk for BLEEDING and/or FRACTURE from e.g. anticoagulant/antiplatelet therapy, coagulopathy, decreased platelets-e.g. uremia 0 - No
- Other Risk Factors 0 - NO
- Total Fall Risk Score 3
- Fall-Injury Risk Level Low Fall-injury risk = 6 or less

Fall Prevention Safety Measures:

- Fall Prevention Safety Measures Orientation to immediate surroundings Use of non-skid socks/shoes Keep floor dry and free of barriers Round on patient every 30 minutes and PRN

Nursing Assessments:Psychiatric Nursing Assessment:

- Hygiene/Grooming: Adequate
- Physical Appearance: Distinguishing features Body build Posture
- Distinguishing features: groomed
- Body Build: medium
- Posture: comf/able
- Cognitive Functioning: Orientation, Level of Consciousness, Memory
- Orientation: Person Place Time
- Person: Yes
- Place: Yes
- Time: Yes
- Level of Consciousness: Alert Responsive
- Memory: Remote recent immediate
- Eye Contact: Good
- Behavior: Apathetic
- Activity: Normal
- Affect: Reactive
- Mood: Euthymic
- Speech: Coherent
- Thought Process: Goal Directed
- Thought Content: Hallucinations Delusions Suicidal Homicidal
- Hallucinations: denies
- Describe hallucination: denies
- Delusions: Not evident
- Describe delusion: not evident
- Suicidal Ideation/Plan: denies
- Homicidal Ideation/Plan: denies
- History of Assaultive/Violent behavior: denies
- Criminal History: hx of incarceration x 5 years

Alerts:

- ID Band: Yes

Home Medications Review:Home Medications Review (OMR):

Launch Outpatient Medication Review (OMR).

Home Medications have been reviewed and saved as Complete.

Allergies:Allergies:

Allergen/Product	Last Modified
No Known Allergies	10-Oct-2018 22:50

Nursing Plan:

Medical Records Report

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

MORCIGLIO, RUBEN

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Service: Psychiatry

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Documents

Nursing Plan:· Nursing Plan:

1. Orient pt. to unit and surroundings.
2. Provide pt. with information and resources for further treatment.
3. Address pt. concerns in a prompt and appropriate manner.

Electronic Signatures:Luu, Jonathan (Clinical Nurse I) (Signed 10 Oct-2018 23:18)

Authored: Preferred Language, Vital Signs/Pain Screen, Past Medical History, Screenings, Nursing Assessments, Home Medications Review, Allergies, Nursing Plan

Last Updated: 10-Oct-2018 23:18 by Luu, Jonathan (Clinical Nurse I)

References:

1. Data Referenced From "ED Adult Pre-Assessment Note" 10/10/2018 10:50 PM

Medical Records Report

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

MORCIGLIO, RUBEN

MRN: 844 28 51

DOB: May-14-1987

Printed: Feb-18-2020 13:22

Visit#: 000059857 117

Service: Psychiatry

Milstein Psych ED

Dr.:

Type: Emergency (1 days)

Admitted: Oct-10-2018 22:23

Documents

Oct-11-18 03:11 ED Psych Resident/NP Initial Evaluation

Physician

Preferred Language:

Preferred Language English (1)

Date/Time of Evaluation:

Time Seen by Me (Military Time):: 11-Oct-2018 03:12

Psychiatric Evaluation:IP/CC/HPI:

Identifying Information: This is a 31yo M living with mother, 8yo son (with mom in PA), released from Upstate Prison 5 days ago (incarcerated x+ year for parole violation without meds), with history of depression, anxiety, PTSD and anger/impulsivity when off medications, now presents brought in by self sent by parole officers for psychiatric evaluation and connection to care.

Domicile: Private Home

Chief Complaint: "My parole officer told me to come for a psych evaluation"

History of Presenting Illness:

Patient reports history of depression, anxiety, PTSD and impulsive anger, previously treated with seroquel, depakote and remeron (does not know dosages). Denies prior psychiatric hospitalizations or substance abuses. He was on his medications when he was sent to Rikers over 1 year ago for a parole violation (says he was "on the run" for 24 months and got turned in). However when he was transferred to Upstate Prison they did not continue his medications, leading him to "get into fights" with impulsive anger, and to be depressed, with 1 suicide attempt via wrist cutting while in solitary confinement. He is feeling more "hopeful" since release from prison 5 days ago, not currently feeling depressed, but would like to restart his medications and be connected to care.

review of symptoms: denies substance use, suicidal ideation/homicidal ideation, auditory and visual hallucinations ever, previous manic symptoms.

Suicidality:

In the last 48 hours/1 month, were things ever so bad that you had thoughts that life was not worth living or that you would be better off dead? No.

In the last 48 hours/1 month have you had thoughts of suicide? No.

Does the patient have access to a firearm? No.

Does the patient appear to be answering questions honestly and fully? Yes.

Current Medications:

*Outpatient Medication Status not yet specified

Past Psychiatric History:

Treatment Course and Response: PTSD

Depression

Anxiety

1 prior suicide attempt via wrist cutting while incarcerated

No current psychiatric treatment

Most recent medications 1 yr ago: depakote, remeron, seroquel (dosages unknown), last prescribed at Rikers.

Additional Social History:**Additional Social History:**

From NY, lives with mother since release from prison 5 days ago. Incarcerated for >1 year, first at Rikers, then at Upstate Prison. Has 8yo son who lives in PA. Unemployed.

Past History of Suicidality:

Yes.

suicide attempt via wrist cutting while in solitary confinement.

Past History of Violence:

Yes.

fighting in prison when off meds.

Past History of Legal Issues:

Yes.

Medical Records Report

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MORCIGLIO, RUBEN

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Milstein Psych ED

Service: Psychiatry
Dr.:

Type: Emergency (1 days)
Admitted: Oct-10-2018 22:23

Documents

incarcerated multiple times, most recently x 1+ year for parole violation.

Allergies:

No Known Allergies:

Medical History:

Past Medical History: Non-contributory

Physical Exam:

Physical Exam done by ED MD

No...

General:

NAD Non toxic

Eyes:

PERRLA

CV:

RRR No murmurs No gallops No rubs

Lungs:

CTA No wheezes No rhonchi No rales

GI:

Soft Non-tender

MSKL - Head/Neck:

Atraumatic

MSKL - Ext:

FROM

Neuro:

Alert Gait WNL Cranial nerves II-XII intact

Substance Abuse/Dependence:

Drug/Alcohol Assessment: denies

Mental Status Exam:

General Appearance: adequate.

Hygiene: adequate.

Grooming: appropriate.

Attention: good.

Attitude: cooperative.

Activity: normal.

Speech: normal.

Mood: "good".

Affect: full.

Thought Process: goal directed.

Thought Content-Delusions: not evident. Homicidal Ideation: not present.

Suicidal Ideation: not present.

Perceptions-Hallucinations: not evident.

Cognitive Exam:

Orientation: Person, Place, Time

Formulation:

This is a 31yo M living with mother, 8yo son (with mom in PA), released from Upstate Prison 5 days ago (incarcerated x 1+ year for parole violation without meds), with history of depression, anxiety, PTSD and anger/impulsivity when off medications, now presents brought in by self sent by parole officers for psychiatric evaluation and connection to care.

Medical Records Report

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

MORCIGLIO, RUBEN

MRN: 844 28 51

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Milstein Psych EDService: Psychiatry
Dr.:Type: Emergency (1 days)
Admitted: Oct-10-2018 22:23

Documents

On exam, pt is euthymic, calm, not endorsing any psychiatric symptoms, but requesting connection to care and restarting his previous medications, which he said helped him to control impulsive aggressive behavior. Given his recent discharge from prison, he is relatively high risk and would benefit from connection to care. Will hold overnight for appropriate referrals.

Diagnosis:

Diagnosis: Difficulty controlling anger

History of posttraumatic stress disorder (PTSD)

H/O: depression.

Initial Treatment Plan:

Medication Plan - defer starting medications, will attempt to get medication list from rikers if possible
 - will require connection to outpatient care
 - no indication for 1:1.

Attending Attestation:**Attending Attestation:**

Time Seen (Military Time): 05:52 Date: 11-Oct-2018.

I saw and evaluated the patient and reviewed the notes of (resident's name): Dr. Harrington-Knopf. I agree with the history, physical exam and medical decision making with the following additions/exceptions/observations: 31yo male, living with mother, father of an 8yo son (with mom in PA), released from Upstate Prison 5 days ago (incarcerated x 1+ year for parole violation without meds), with history of depression, anxiety, PTSD and anger/impulsivity when off medications, BIB self sent by parole officers for psychiatric evaluation and connection to care to restart his previous medication.

Given his recent discharge from prison and not being on his medication for 5 days he is relatively high risk and would benefit from connection to care. Will hold overnight for appropriate referrals in the AM.

Electronic Signatures:Bashayan, Omar (MD) (Signed 11-Oct-2018 05:56)*Authored: Attending Attestation*Harrington-Knopf, Jennifer Suzanne (MD) (Signed 11-Oct-2018 03:27)*Authored: Preferred Language, Date/Time of Evaluation, Psychiatric Evaluation**Last Updated: 11-Oct-2018 05:56 by Bashayan, Omar (MD)***References:**

1. Data Referenced From "ED Psych Nursing Assessment" 10/10/2018 11:10 PM

Medical Records Report

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

MORCIGLIO, RUBEN

MRN: 844 28 51

DOB: May-14-1987

Printed: Feb-18-2020 13:22

Visit#: 000059857 117
Milstein Psych EDService: Psychiatry
Dr.:Type: Emergency (1 days)
Admitted: Oct-10-2018 22:23

Documents

Oct-11-18 12:02 ED Psych Social Services Progress Note

Social Worker/Care Manager

Preferred Language:

Preferred Language English (1)

Progress Note:

Progress Note:

· Social Work Intervention

Collateral Information

· Comment:

CPEP SW NOTE:

Writer reviewed the pt's clinical data and discussed the pt's case this AM rounds.

Writer attempted to phone pt's reported parole office, Ms. Nunes (718-402-5320.) Phone rang for two minutes without the option to leave a vm.

CPEP NP updated.

Electronic Signatures:

Rastelli, Vito (Social Worker) (Signed 11-Oct-2018 12:03)*Authored: Preferred Language, Progress Note**Last Updated: 11-Oct-2018 12:03 by Rastelli, Vito (Social Worker)*

References:

1. Data Referenced From "ED Psych Resident/NP Initial Evaluation" 10/11/2018 03:11 AM

Medical Records Report

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

MORCIGLIO, RUBEN

MRN: 844 28 51

DOB: May-14-1987

Printed: Feb-18-2020 13:22

Visit#: 000059857 117
Milstein Psych ED

Service: Psychiatry
Dr.:

Type: Emergency (1 days)
Admitted: Oct 10 2018 22:23

Documents

Oct-11-18 12:59 ED Psych Resident/NP Adult Daily Progress Note

NP

Date/Time of Evaluation:

Time Seen by Me (Military Time): 11-Oct-2018 13:00

Interval History:Interval History:

Chart reviewed. Case discussed with Dr. Fuchs, psychiatric MD attending. Please see prior notes and chart for further details. In brief, as per prior notes, this is a 31yo M living with mother, 8 year-old son (with mom in PA), released from Upstate Prison 5 days ago (incarcerated x 1+ year for parole violation without meds), with history of depression, anxiety, PTSD and anger/impulsivity when off medications, now presents brought in by self sent by parole officers for psychiatric evaluation and connection to care."reports history of depression, anxiety, PTSD and impulsive anger, previously treated with seroquel, depakote and remeron (does not know dosages). Denies prior psychiatric hospitalizations or substance abuses. He was on his medications when he was sent to Rikers over 1 year ago for a parole violation (says he was "on the run" for 24 months and go turned in). However when he was transferred to Upstate Prison they did not continue his medications, leading him to "get into fights" with impulsive anger, and to be depressed, with 1 suicide attempt via wrist cutting while in solitary confinement. He is feeling more "hopeful" since release from prison 5 days ago, not currently feeling depressed, but would like to restart his medications and be connected to care."

Patient remained in behavioral control. No behavioral issues overnight. Today, on exam, he is calm and cooperative. He reports has been incarcerated and then transferred to another prison, and has not been on medications since 12/2017. He states when transferred to another prison stopped taking medications because of the stigma in prison for people who are taking psychiatric medications. He admits to "smoking a lot of pot while in prison". He is now interested in getting back to treatment and is asking for referral to outpatient clinic, and substance abuse clinic. He continues to deny any psychiatric issues at this time. He states he is hopeful will get help. He denies depressive neurovegetative symptoms, denies manic symptoms, denies psychotic symptoms, he denies suicidal ideation / homicidal ideation / auditory hallucinations / visual hallucinations / paranoid ideation. He is requesting referrals to outpatient care.

Vital Signs:ED Triage Vital Signs/Pain Assessment:ED Psych Vital Signs/Assessment FS:

10-Oct-2018 23:10

Dry Weight (kg) Dry Weight (kg): 111.13

11-Oct-2018 10:49

Temperature (C) degrees C: 36.4

Heart Rate: 82

Respiratory Rate, Patient (bpm) Respiratory Rate, Patient (bpm): 18

SpO2 (Pulse Ox) SpO2 (Pulse Ox) (%): 97

NIBP Systolic: 128

NIBP Diastolic: 76

BP Means of Measurement: Automatic

Position: Standing

Mental Status:Mental Status:

General Appearance/Behaviors/Physical/Speech: Fairly groomed male with good eye contact, calm controlled, no psychomotor agitation / no psychomotor retardation. Speech: normal rate, volume and prosody.

Mood: "Good, hopeful".

Affect: full.

Thought pattern/process: goal-directed.

Thought content: denies delusions.

Perception: Denies auditory or visual hallucinations and does not appear to be responding to internal stimuli.

Suicidal ideation/Homicidal ideation: Denies suicidal ideation passive or active or homicidal ideation.

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Milstein Psych ED

Dr.:

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Documents

Insight and Judgement: Fair as he is help seeking.

Impulse Control: In good behavioral control while in the emergency department.

Cognition: grossly intact.

Formulation:Formulation:

31yo M living with mother, 8yo son (with mom in PA), released from Upstate Prison 5 days ago (incarcerated x 1+ year for parole violation without meds), with history of depression, anxiety, PTSD and anger/impulsivity when off medications, now presents brought in by self sent by parole officers for psychiatric evaluation and connection to care. On exam, patient is euthymic, calm, not endorsing any psychiatric symptoms, but requesting connection to care and restarting his previous medications, which he said helped him to control impulsive aggressive behavior in the past. Given his recent discharge from prison, he is relatively high risk and would benefit from connection to care. He was held overnight. No behavioral issues overnight, remained in behavioral control. On re-exam, continues to deny suicidal ideation / homicidal ideation / auditory hallucinations / visual hallucinations / paranoid ideation, and requesting referrals to outpatient clinics.

Diagnosis:

Diagnosis: History of posttraumatic stress disorder (PTSD)

H/O: depression.

Treatment Plan:

Treatment Plan: Follow-up with your appointment at The Argus Community Program on 10/18/2018 at 3:00 PM

Argus Outpatient Program
507 West 145th Street
New York, NY 10031
Central Intake: (212) 234-1660

-Feel free to use walk-in mental health services at the Metropolitan Hospital Outpatient psychiatry clinic (see paperwork attached to your discharge summary): Located on the first floor of the Behavioral Health Pavilion, at Second Avenue and 99th Street, the Walk-in Evaluation unit provides individuals with mental health assessments to determine what treatment best suits their needs. The unit is open weekdays from 8:30 a.m. to 5 p.m. Individuals requiring service after 5 p.m. or on weekends or holidays can seek assistance at the Psychiatric Emergency Room, located in the Hospital's Main Building, in Room 1A19. For more information, call 212-423-6528 or 212-423-6529.

-Feel free to explore handout regarding The Osborne Association services (see paperwork attached to your discharge summary) for formerly incarcerated individuals.

Attending Attestation:Attending Attestation:

Time Seen (Military Time): 14:07 Date: 11-Oct-2018

Discharge Information:

*No Current Medications as of 10-Oct-2018 23:18 documented in Structured Notes

*No Current Medications as of 10-Oct-2018 23:18 documented in Structured Notes

Medication Reconciliation:

* I have made a good faith effort to review this patient's home medications. In addition, I have reviewed all medications given during this visit and all new prescriptions.

I-STOP: Prescription Monitoring Program

3. I am not entering a prescription for any schedule II, III or IV drugs to this patient.

NYP I-STOP:

This patient is at NewYork-Presbyterian Hospital. Practitioners who have or will prescribe, order or administer Schedule II, III, or IV controlled substances for this patient for use during this ED visit or, if admitted on the premises as a result of this visit, are not required to consult the NYS Prescription Monitoring Program (PMP) Registry.

Clinically Pertinent Events During This ER Visit:

Restraint: No.

Medical Records Report

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Dr.:

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Seclusion: No.

Adverse Drug Reaction: No.

Assault: No.

Self-Harm: No.

Final Disposition:

Disposition: Discharged

To: Home

ED Follow up Instructions:

NewYork Presbyterian Hospital/Columbia University Medical Center would like to thank you for allowing us to assist you with your healthcare needs.

Please Follow-up with your appointment at The Argus Community Program on 10/18/2018 at 3:00 PM

Argus Outpatient Program

507 West 145th Street

New York, NY 10031

Central Intake: (212) 234-1660

-Feel free to use walk-in mental health services at the Metropolitan Hospital Outpatient psychiatry clinic (see paperwork attached to your discharge summary): Located on the first floor of the Behavioral Health Pavilion, at Second Avenue and 99th Street, the Walk-in Evaluation unit provides individuals with mental health assessments to determine what treatment best suits their needs. The unit is open weekdays from 8:30 a.m. to 5 p.m. Individuals requiring service after 5 p.m. or on weekends or holidays can seek assistance at the Psychiatric Emergency Room, located in the Hospital's Main Building, in Room 1A19. For more information, call 212-423-6528 or 212-423-6529.

-Feel free to explore handout regarding The Osborne Association services (see paperwork attached to your discharge summary) for formerly incarcerated individuals.

Electronic Signatures:

Fuchs, Brian (MD) (Signed 11-Oct-2018 14:07)*Authored: Attending Attestation, Discharge Information*Miller, Amnona B (NP) (Signed 11-Oct-2018 13:40)*Authored: Date/Time of Evaluation, Interval History, Vital Signs, Mental Status, Formulation, Treatment Plan**Last Updated: 11-Oct-2018 14:07 by Fuchs, Brian (MD)*

Medical Records Report

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

MORCIGLIO, RUBEN

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Visit#: 000059857 117

Service: Psychiatry

Milstein Psych ED

Dr.:

Type: Emergency (1 days)

Admitted: Oct-10-2018 22:23

Documents

Oct-11-18 13:24 ED Psych Social Services Progress Note

Social Worker/Care Manager

Preferred Language:

Preferred Language English (1)

Progress Note:Progress Note:

· Social Work Intervention

Discharge Planning

Comment:

CPEP SW NOTE:

Writer reviewed the pt's clinical data and discussed the pt's case the AM rounds.

Pt is slated for DC.

DC PLAN:

-Follow-up with your appointment at The Argus Community Program on 10/18/2018 at 3:00 PM

Argus Outpatient Program

507 West 145th Street

New York, NY 10031

Central Intake: (212) 234-1660

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-Feel free to explore handout regarding The Osborne Association services (see paperwork attached to your discharge summary) for formerly incarcerated individuals.

CPEP NP updated.

Electronic Signatures:

Rastelli, Vito (Social Worker) (Signed 11-Oct-2018 13:30)

Authored: Preferred Language, Progress Note

Last Updated: 11-Oct-2018 13:30 by Rastelli, Vito (Social Worker)

References:

1. Data Referenced From "ED Psych Social Services Progress Note" 10/11/2018 12:02 PM

Medical Records Report

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

MORCIGLIO, RUBEN

MRN: 844 28 51

DOB: May-14-1987

Printed: Feb-18-2020 13:22

Visit#: 000059857 117
Milstein Psych EDService: Psychiatry
Dr.:Type: Emergency (1 days)
Admitted: Oct-10-2018 22:23

Documents

Oct-11-18 14:37 ED Psych RN Discharge Note

Nursing

Preferred Language:

Preferred Language English (1)

Discharge Note:Time:

Time of Discharge/Transfer: 14:35

Vital Signs:

Temperature (C): 36.5 degrees C

Temperature Source: Oral

Heart Rate: 79

Respiratory Rate, Patient (bpm): 18

SpO2 (Pulse Ox): 100

O2 Source: Room air

NIBP Systolic: 121

NIBP Diastolic: 80

Source: Cuff LA

BP Means of Measurement: Automatic

Position: Sitting

NIBP Mean: 93 mm Hg

Disposition:

Disposition: Discharged (2)

To: Home

ED Follow up Instructions:

NewYork Presbyterian Hospital/Columbia University Medical Center would like to thank you for allowing us to assist you with your healthcare needs.

Please Follow-up with your appointment at The Argus Community Program on 10/18/2018 at 3:00 PM

Argus Outpatient Program

507 West 145th Street

New York, NY 10031

Central Intake: (212) 234-1660

-Feel free to use walk-in mental health services at the Metropolitan Hospital Outpatient psychiatry clinic (see paperwork attached to your discharge summary): Located on the first floor of the Behavioral Health Pavilion, at Second Avenue and 99th Street, the Walk-in Evaluation unit provides individuals with mental health assessments to determine what treatment best suits their needs. The unit is open weekdays from 8:30 a.m. to 5 p.m. Individuals requiring service after 5 p.m. or on weekends or holidays can seek assistance at the Psychiatric Emergency Room, located in the Hospital's Main Building, in Room 1A19. For more information, call 212-423-6528 or 212-423-6529.

-Feel free to explore handout regarding The Osborne Association services (see paperwork attached to your discharge summary) for formerly incarcerated individuals. (2)

Discharge/Transfer with:

Discharge Transportation Mode Walking

Discharge/ Transferred with:

Discharged/Transferred with: Family/Significant other with girlfriend

Personal belongings: given

Prescription Given:Medications:

*Patient Currently Takes Medications as of 11-Oct-2018 14:09 documented in Structured Notes

SEROquel 50 mg oral tablet: 1 tab(s) orally once a day (at bedtime) x 10 days *Route Not Applicable - Indication: mood stability, Status: Active, Quantity: 10, Refills: None

Patient Instructions:Discharge Follow up Plan:ED Follow up Instructions:

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Medical Records Report

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Comments: condition stable , d/c'd with instructions including where to get his meds, verbalized understanding, personal belongings given , escorted to area d bathroom to change , left ambulatory and in no distress accompanied by his girlfriend.

Patient Statement:

The above instructions have been explained and given to me. I have also received the discharge notice on behalf of myself as the patient or as the representative of the patient..

Discharge Patient:

Discharge Patient Yes.

Electronic Signatures:

Gantala, Evelyn (Clinical Nurse I) (Signed 11-Oct-2018 14:47)

Authored: Preferred Language, Discharge Note, Prescription Given, Patient Instructions, Discharge Patient

Last Updated: 11-Oct-2018 14:47 by Gantala, Evelyn (Clinical Nurse I)

References:

1. Data Referenced From "ED Psych Social Services Progress Note" 10/11/2018 01:24 PM
2. Data Referenced From "ED Psych Resident/NP Adult Daily Progress Note" 10/11/2018 12:59 PM